LSUHealth
School of Dentistry

LSUSD-Baton Rouge, 5425 Brittany Drive, Suite B, BR, LA 70808 Office 225-765-0100 Fax: 225-765-0102

To: Dr. Lynda Harhad, Clinic Director LSUSD-BR

From: Dr. _____ Contact info (Ph#/email) _____

_____

We are referring: _____

Patient: _____ Parent/Guardian: _____

Birthdate: _____ Phone: _____

Address: _____

_____

Contact #: _____

REASON FOR REFERRAL:

Consultation/Acute care: (Please specify; We do not accept limited endodontics)

_____

_____

_____

_____

Comprehensive Treatment: (We'll address all of patient's needs; specify if problem area)

_____

_____

_____

_____

Relevant History: (Indicate any special factors: dental, medical, behavioral, etc.)

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_____

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_____

Comments:

_____

_____

_____

_____

SIGNED: _____ **DATE**: _____